

1.) CORPORATION NAME:

LOUDOUN CITIZENS FOR SOCIAL JUSTICE, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS DRINKARD
105 E. MARKET STREET
LEESBURG, VA**

SCC ID NO: **02546562**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 105 EAST MARKET STREET

CITY/ST/ZIP: LEESBURG, VA 20176

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: REGINALD M. JONES, JD TITLE: TREASURER ADDRESS: 232 W COLONIAL HIGHWAY CITY/ST/ZIP/CO: HAMILTON, VA 20158-9041	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS DRINKARD TITLE: CHAIRMAN ADDRESS: 12703 FOX WOODS DRIVE CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHANIE JOHNSON MONROE, JD TITLE: VICE CHAIRMAN ADDRESS: 43247 SOMERSET HILLS TER. CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH OWINGS TITLE: SECRETARY ADDRESS: 8 MEMORIAL HIGHWAY CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES H ATTKISSON, JD TITLE: DIRECTOR ADDRESS: 222697 HILLSIDE CIRCLE CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM BERRY TITLE: DIRECTOR ADDRESS: 43422 CLOISTER PL CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHELSEA ERIKSEN DIRECTOR 20864 DERRYDALE SQUARE STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA SNYDER DIRECTOR 21008 STARFLOWER WAY ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA C LEHRER DIRECTOR 44479 LIVONIA TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA MAC EOIN DIRECTOR 44426 LIVONIA TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHAEL REMUZZI DIRECTOR 216 MEADOW CT. NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSETTE ZAHINDA DIRECTOR 528 COVINGTON TERRACE, NE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZARIF SAHIN DIRECTOR 21453 DEEPWOOD TERRACE APT. 415 ASHBURN, VA 20148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DENNIS DRINKARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS DRINKARD, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	3/11/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			